


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90082 001 ***250.00

DOCUMENT # L03000039382	
1. Entity Name INTEGRITY HEALTH PRODUCTS, LLC	

Principal Place of Business 11801 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US	Mailing Address 11801 U.S. HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US
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30005437



2. Principal Place of Business 250 NE 12 th Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1043 Suite, Apt. #, etc.
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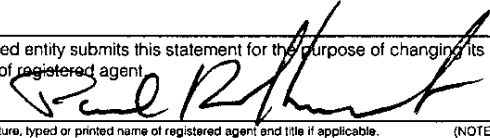
04282005 Chg-LLC CR2E083 (10/03)

City & State Delray Beach FL	City & State Palm Beach FL	4. FEI Number 74-3169734	Applied For Not Applicable
Zip 33444	Country	Zip 33480	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KENNEDY, PAUL R 11801 U.S. HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 NE 12 th Street City Delray Beach FL Zip Code 33444
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLAND, JOHN W IV 5808 RUNFORD DR NEW CORROLLTON, MD 20704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/05 5614454235